

# Cost study shows timing crucial in appendectomies

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Removing a child's ruptured appendix sooner rather than later significantly lowers hospital costs and charges, according to a recently published study.

An estimated \$10,000 in [hospital charges](#) was saved when pediatric general surgeons removed the [ruptured appendix](#) within the first 24 hours, compared to the alternative treatment, called an interval [appendectomy](#), which involved removing the appendix six-eight weeks later.

The study was published in the April issue of the *Journal of American College of Surgeons*, and was led by Martin Blakely, M.D., MS, associate professor of Surgery and Pediatrics at the Monroe Carell Jr. Children's Hospital at Vanderbilt.

Childhood appendicitis is one of the most common conditions that pediatric general surgeons treat. About one-third of appendicitis cases in children younger than 18 involve a perforated, or ruptured, appendix. That causes fluid to spill into the [peritoneal cavity](#), increasing risk for infection and other complications.

Surgeons often debate which of two therapies is best to treat the perforated organ — early appendectomy or interval appendectomy. In a three-year trial, researchers conducted two studies to look at the two treatment options for the condition.

"We pretty much have non-perforated appendix figured out. A child shows up with non-perforated appendix, we tune them up a little bit and take their appendix out, and most of them go home the next day," said Blakely.

"With a perforated appendix, the perforation isn't the problem. It's all the spillage that has spread around the peritoneal cavity. Almost all children with a perforated appendix will get better — with either treatment — but the question is, which therapy will let you get better sooner and does one cost more?"

In early appendectomy, surgeons remove the [appendix](#) within several hours. With interval appendectomy, they usually drain fluid from the abdominal abscess and prescribe antibiotics to the child, who is then sent home. The appendectomy is performed about six-eight weeks later.

The first study considered which treatment allowed a child to return to "normal activities" more quickly. Results showed early appendectomy was favorable, allowing normal activities to resume six days sooner.

The second study, published in the April paper, examined if either treatment was more cost effective than the other. The cost analysis involved 131 patients who were randomized to receive one of the two treatments at a Memphis hospital.

Interval therapy showed to have significantly higher costs, which were primarily associated with an increase in adverse events such as wound infections, bowel obstruction and unplanned readmissions.

Provided by Vanderbilt University Medical Center

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